HIPAA COMPUTER SECURITY AWARENESS ACKNOWLEDGEMENT

Name: _____   Facility: _____

Division/Department: _____   PHI Level: _____

Manager's Name: _____

- I acknowledge that I have reviewed the on-line (or paper copy) HIPAA SECURITY AWARENESS presentation.
- I understand that I am responsible for protecting electronic protected health information (*ePHI*) as follows:
  - Locking or logging off (or powering off) my assigned workstation when I leave my work area.
  - Not changing settings on my assigned workstation (desktop or laptop) or any other workstation, which disable security features.
  - Keeping all passwords for access to computing resources confidential.
  - Not loading (or download) or creating any software on my assigned workstation (desktop or laptop) or other workstation that has not been authorized by the agency (unless I am a designated IT developer).
  - Immediately removing any unauthorized software from my assigned workstation.
  - Following all guidelines regarding transmission of PHI via electronic mail.
  - Reporting any security problems I encounter or observe to my facility security officer or Chief Security Officer.

Please sign this form and give it to your manager/supervisor.
Managers/Supervisors should give completed forms to your facility/Central Office security officer.

_____ Date: _____
      (Signed)